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CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Assistant Commissioner for Patents Washington, D.C. 20231	Application Number	10/065,447
	Filing Date	10/06/02
	First Named Inventor	Chavan, et al
	Art Unit	2878
	Examiner Name	
	Attorney Docket Number	DP-306616

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TECHNOLOGY CENTER 2800

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number →

Place Customer Number Bar Code Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Jim L. Funke				
Address	Delphi Technologies, Inc.				
Address	Legal Staff - Mail Code A-107				
City	Kokomo	State	IN	ZIP	46904-9005
Country	US				
Telephone	(248)267-5554	Fax			

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or Agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name
Domenica N.S. Hartman

Signature
Domenica N.S. Hartman

Date
November 5, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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